



VILLAGE OF
BURR RIDGE
A VERY SPECIAL PLACE

FREEDOM OF INFORMATION ACT REQUEST FORM

General/Administration Requests:

Village of Burr Ridge
Attn: FOIA Officer
7660 S. County Line Road
(630) 654-8181 Fax: (630) 654-8269

Police Records Requests:

Burr Ridge Police Department
Attn: FOIA Officer
7700 S. County Line Road
(630) 323-8181 Fax: (630) 654-4441

Please type or print

Name/Organization (if applicable): _____

Mailing Address: _____

Telephone No: (____) _____ Fax No: (____) _____

E-Mail Address: _____

Description of Requested Records:

(Please describe below the public records you are requesting. In order to expedite the search please be specific. Use back of form if necessary):

Please indicate if you wish to inspect or would like a copy of this information: ☐ Inspect ☐ Copy

Please Check preferred method of response: ☐ Pick Up ☐ E-Mail ☐ Fax ☐ US Mail
(Postage fees will apply)

I understand all third party personal identity information will be redacted from any record responsive to this request
(Please Initial) _____

Is this information to be used for commercial purposes? ☐ Yes ☐ No

***Note: it is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Applicable Fees:

- o The first 50 pages of a FOIA response are free, additional pages are \$.15 a page. For color copies or unusually sized copies will be charged the actual cost of copying.
- o Pursuant to Section 5/11-416 of the Illinois Vehicle Code (625 ILCS 5/11-416), there is a \$5 fee for copies of Traffic Crash reports

Signature of Requestor: _____ Date: _____

The Village will respond to a request for public records within five (5) business days (twenty-one (21) days for commercial requests) after receipt. In accordance with Illinois FOIA Rules and Regulations fees may apply.

In the event of a record request denial the requestor has the right, under the Illinois Freedom Act, to appeal their request in writing directly to the Public Access Counselor of the Illinois Attorney General's Office at 500 S. Spring Street Springfield, IL 62705 or email: publicaccess@atg.state.us

DO NOT FILL OUT BELOW THIS LINE – FOR VILLAGE USE ONLY

FOIA # _____ DATE RECEIVED: _____ RESPONSE DUE DATE: _____

RECEIVED BY: _____

REQUEST TO INSPECT OR COPY HAS BEEN **APPROVED/DENIED**: _____

(Circle one)

Signature

Date

NOTATIONS AND EXEMPTIONS:

